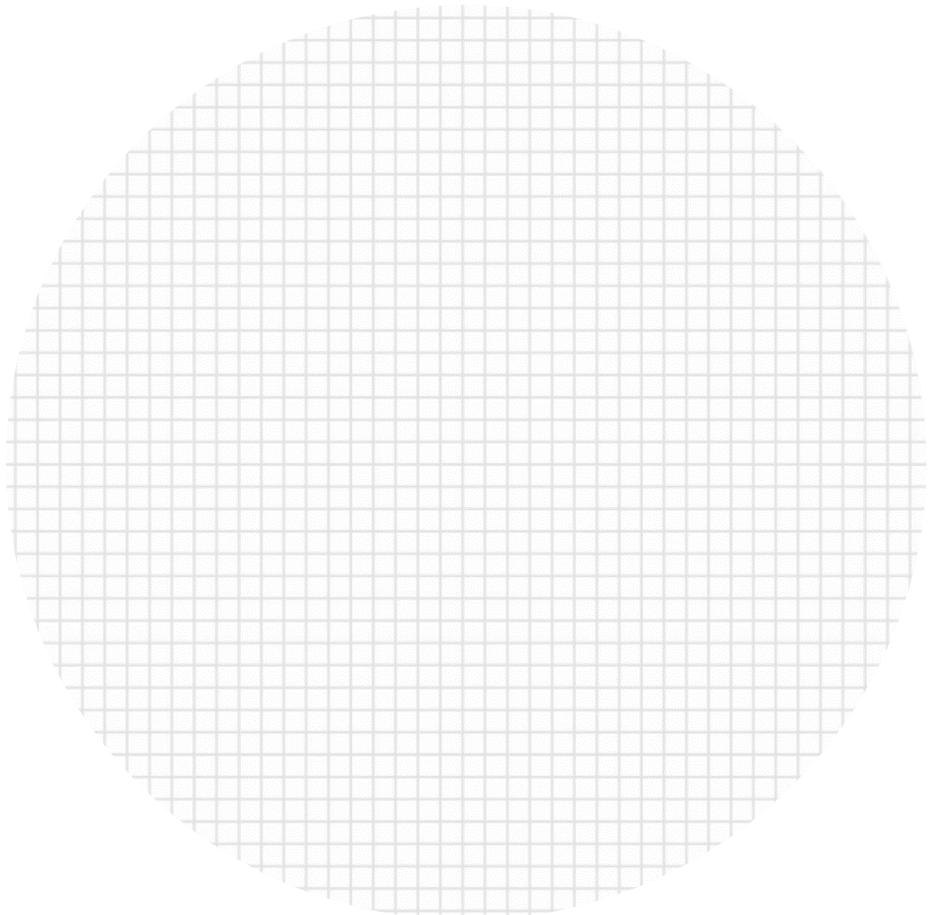




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# Daily Huddles



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## What Is a Huddle?

A huddle is a short, stand-up meeting — 10 minutes or less — that is typically used once at the start of each workday in a clinical setting. In inpatient units, the huddle takes place at the start of each major shift. In ambulatory surgery centers, huddles occur once per day in each unit (for example, with the operating room staff). In primary care, staff can huddle in the morning to discuss scheduled patients as a team.

The daily huddle gives teams a way to actively manage quality and safety, including a review of important standard work such as checklists. Often, standard work will be the output of previous quality improvement projects, and huddles provide a venue to ensure process improvements stick. Huddles enable teams to look back to review performance and to look ahead to flag concerns proactively.

Many organizations will have some version of a daily huddle in place for at least some clinical teams. While the typical huddle will focus on operational issues — such as needs for smooth hand-overs at shift changes — this tool is designed to enhance these operational huddles by integrating a focus on quality performance, including patient safety. We suggest teams integrate daily measurement into their huddle practice, complemented by the use of a visual management board<sup>1</sup> that also helps drive sustained performance and continuous improvement.

The following table summarizes the benefits of huddles and how often they typically occur.

Benefit of Huddle	Frequency
Engaging team in thinking and talking about standard work	Expected to arise every day
Updating team about specific safety or quality initiatives that affect daily work	Expected to arise one or more times each week
Recognizing issues in standard work that can be addressed by training, coaching, and revising tools and methods	Expected to arise one or more times each week
Identifying issues that need escalation to higher-level management for resolution	Expected to arise less than once per week

## Tips for Running a Huddle

The following table highlights important steps in successful huddles, offers tips on how to conduct huddles effectively, and explains why they're useful. The huddle leader can use these tips to encourage the team to follow standard work.

Important Step (What)	Key Points (How)	Rationale (Why)
<b>Start at the designated huddle time</b>	<ul style="list-style-type: none"> <li>Choose a consistent time to meet (e.g., 15 minutes before first procedure of the day).</li> <li>Make sure everyone is standing up.</li> </ul>	<ul style="list-style-type: none"> <li>Consistency helps people plan their work and attend promptly.</li> <li>Standing makes the huddle go more quickly.</li> </ul>
<b>Post the agenda on the visual management board</b>	<ul style="list-style-type: none"> <li>Point to the agenda; don't read it.</li> </ul>	<ul style="list-style-type: none"> <li>It gives the team practice with visual information and builds familiarity with the standard huddle agenda.</li> </ul>
<b>Invite each team member to share one concern or success from the previous day; everyone else listens</b>	<ul style="list-style-type: none"> <li>Have a method to call on team members (e.g., go clockwise).</li> <li>Pass a "talking object" to each person in turn.</li> <li>Note issues for follow-up; escalate concerns for resolution as needed.</li> </ul>	<ul style="list-style-type: none"> <li>A consistent method helps avoid fumbling for order, which wastes time.</li> <li>"Talking objects" encourage listening by others.</li> <li>Huddles are for identifying problems, not solving them.</li> </ul>
<b>Preview patients for the day</b>	<ul style="list-style-type: none"> <li>Identify patients who could have quality and safety issues arise.</li> <li>List the patients and procedures on the visual management board to make this step more efficient. (Again, make sure to adhere to privacy guidelines.)</li> </ul>	<ul style="list-style-type: none"> <li>The goal is to plan for patients with specific quality and safety concerns and keep the meeting short. Visual information is easier to manage than verbal.</li> </ul>
<b>Close the huddle with announcements, schedule changes, or other messages</b>	<ul style="list-style-type: none"> <li>Thank the team and say, "The huddle is now over."</li> </ul>	<ul style="list-style-type: none"> <li>Courtesy promotes respect, and closing words give a clear signal for the team to move to the next task.</li> </ul>

## Implementing Huddles Using PDSA Cycles

Implementing daily huddles may seem simple, but initially its often complex and requires a series of Plan-Do-Study-Act (PDSA) cycles<sup>2</sup> to refine the process before it can be consistently introduced into practice. Below we outline a series of example successive PDSA cycles you can use to introduce huddles. Each PDSA builds on the previous cycle and has an increasing level of sophistication, to help the team progress to the following levels of performance:

- Level 1: The team holds daily huddles in which it regularly discusses the performance of the unit.
- Level 2: The team has a standing written agenda for the huddle that enables efficient review of performance from the previous day and review of anticipated issues for the current day.
- Level 3: Daily huddles occur when the team supervisor is not present. Team members see the value and have the skills to run huddles themselves.

## PDSA Cycle 1

**For one day:** Can we huddle for no more than 10 minutes at the start of the day to look back and look ahead to ensure quality and safety?

- Communicate with the team about testing a huddle for one day. Avoid days after weekends or holidays for the first test. “We’re testing a daily huddle on [date] at [time] in [location]. Everyone stands up, and it is no more than 10 minutes.”
- Plan:
  - Who attends?
  - Who leads? (Default is direct supervisor or manager; once the team gains experience with huddles, rotate leadership to build skill among all team members)
  - When? (Date and designated time for 10-minute huddle)
  - Where? (Location of the visual management board)
  - How will you communicate the huddle details (who, what, when, where) to all who need to know?
  - Is there a meaningful way to identify concerns for today’s patients? If so, outline the method; the default is to work on an ad hoc basis according to the team’s concerns. How will concerns be communicated to staff who do not attend the huddle?
  - Which team member will write down concerns for local resolution or escalation?
- Do:
  - Conduct the huddle using the five-item agenda (see below).
  - Ask team for feedback on the use of the huddle using the plus/delta format (What went well?/What can be improved?).
- Study:
  - Review team feedback for opportunities to improve the huddle.
  - Measures of the PDSA success: 1) ready to run daily huddle tomorrow; 2) at least one suggestion for improvement from the team.
- Act: Based on team feedback and measure data, make refinements for the next huddle PDSA cycle.

## PDSA Cycle 2

**For one week:** Can we huddle for no more than 10 minutes at the start of the day for five consecutive days using a standard huddle agenda?

- Plan:
  - Same items from PDSA Cycle 1 (see above).
  - Adapt the huddle agenda (see below) to meet your team’s needs.
- Do: Run the huddles.

- On a calendar, track the days you succeeded in having the huddle. Leave room for notes about reasons for any missed days.
- Ask for team feedback using the plus/delta format. Incorporate feedback to make improvements for the next day's huddle whenever possible.
- Study: How did the huddles go?
  - Did the team manage to huddle each day, for five consecutive days, as planned? If not, what can you do to make the huddle happen every day?
  - Did the huddles start on time? Did team members know the huddle location and time?
  - Was everyone prepared to participate?
  - Were you able to cover all necessary agenda items in 10 minutes or less? If not, what improvements can you make to do so?
  - What other improvements might you make?
- Act: Review opportunities for improvement and make refinements for the next PDSA cycle.

## PDSA Cycle 3

**For one month:** Can we huddle for no more than 10 minutes at the start of the day for four weeks using a standard agenda?

- Team members take turns leading the huddle so that when the supervisor is not available, the huddle still takes place.
- Continue conducting PDSA cycles, seeking feedback, and generating ideas for improvement until the team has a solid, standardized daily huddle process in place. Once daily huddles are established, periodically seek feedback from team members to ensure huddles remain effective.

## Example Huddle Agenda with Instructions

Teams can adapt the following standard five-item huddle agenda to their own needs and choose the flow that works best for them. See the last page for a blank template.

### 1) Safety and quality concerns and successes in the past day

- The huddle leader invites concerns from the team related to patients, staff, or physicians while everyone else listens. This includes report-outs on the use of safety and quality tools, such as checklists or structured communication techniques<sup>3</sup> for speaking up about safety.
- The designated recorder notes any concerns that need follow-up on the visual management board, and the team strikes through items as they are completed during the day. The board includes any follow-up with physicians.
- If the supervisor observed standard work the previous day, she or he provides feedback on what went well and what can be improved.

**2) Safety and quality issues for patients on today’s schedule**

- One person previews patients for the day, identifying any issues and the plans to address them. Review is faster and easier to reference during the shift if there is a list of patients and issues noted on the visual management board. (Be sure to adhere to the patient privacy standards in your health care system.)
- The team notes any issues about equipment or patient rooms that affect quality and safety.

**3) Review of tracked issues**

- The team provides updates on previously identified issues that are tracked on the visual management board.

**4) Inputs on other safety and quality issues**

- The huddle leader invites the team to raise any other issues that may affect quality or safety today.

**5) Announcements**

- Close with critical announcements and schedule changes. You can save time if announcements and schedule changes are posted on the visual management board for staff reference, and the supervisor can simply point out changes and direct staff to read the announcement.

## More Resources

<sup>1</sup> Scoville R, Little K, Rakover J, Luther K, Mate K. *Sustaining Improvement*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2016.  
<http://www.ihl.org/resources/Pages/IHIWhitePapers/Sustaining-Improvement.aspx>

<sup>2</sup> Institute for Healthcare Improvement. “How to Improve: The Model for Improvement and PDSA Cycles.”  
<http://www.ihl.org/resources/Pages/HowtoImprove/default.aspx>

<sup>3</sup> Institute for Healthcare Improvement. “SBAR Tool: Situation-Background-Assessment-Recommendation.”  
<http://www.ihl.org/resources/Pages/Tools/SBARToolkit.aspx>

# Template: Daily Huddle Agenda

Print this huddle agenda and post it on your visual management board as a reminder to the huddle team.

**1) Safety and quality concerns and successes in the past day**

- Patients
- Staff
- Physicians

**2) Safety and quality issues for patients on today's schedule**

**3) Review of tracked issues**

**4) Inputs on other safety and quality issues**

**5) Announcements**